

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 14 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice 27 November, 1953

1. I hereby certify that I am employed as a Supervisory Biochemist
(Occupation)
at the SO Division, C-10 Biological Laboratories
(Place of employment)
and on November 27, 1953, at 11:00 a. m.
(Day of week) (Date) (Hour, a. m. or p. m.)
I was injured in the performance of my duties at Washington, D. C.
(Location where injury occurred)

2. Cause of injury Classified Illness
(Describe as best you can how and why injury occurred)

Nature of injury Classified Illness
(Name part of body affected—fractured left leg, bruised right thumb, etc.)

Names of witnesses to injury Lt. Col. V. L. Russell
Witness

If this notice was not given within 14 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when

Reason: I was injured on 24 November, 1953, at 11:00 a. m. while working in the SO Division, C-10 Biological Laboratories, Washington, D. C. I was unable to give notice to my immediate superior, Lt. Col. V. L. Russell, at that time because I was in the hospital and unable to move. I gave notice to him by letter on 27 November 1953.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name Lt. Col. V. L. Russell
Frank B. Olson
Address Washington, D. C.
(Street and number) (City or town) (State)